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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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Ukraine

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Country Situation

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In 2007, significant progress was made in the national response to AIDS in Ukraine. A series of official policies and programmes were developed and endorsed, increasing the capacity of the health care system to expand access of PLHIV in Ukraine to diagnostic, treatment, family planning and reproductive health services. Policies and programmes were also adopted to scale-up HIV/AIDS prevention services, as well as substitution therapy for opiod injecting drug users. In April 2007, the 'Road Map on Scaling-up Towards Universal Access to HIV/AIDS Prevention, Treatment, Care and Support in Ukraine by 2010' was endorsed by the NCC to guide the process of scaling-up the coverage of HIV/AIDS services. In December the President of Ukraine held an historic meeting on the national response to HIV/AIDS in Ukraine. As a result of the meeting, the President issued a decree, which envisages the establishment of the Council on HIV/AIDS, Tuberculosis and Drug Abuse as an advisory body to the President of Ukraine. The President also decreed that the Committee for Drug Control will immediately support the importation of methadone, which is needed to scale-up substitution maintenance therapy in 2008. In late 2007, the Government of Ukraine commenced work on the development of a new AIDS Concept and Programme for the period 2009-2013. Prevention programmes for MARP are now being delivered by over 150 NGOs in almost all regions of Ukraine. The coverage of these services has greatly expanded in recent years. At the end of 2007, these programmes had reached cumulative coverage of a large and growing number of individual clients, including over 140 000 IDU, over 21 000 female SW, over 10 300 MSM, and 45 000 prisoners. These activities were funded primarily by grant contributions from the Global Fund and the USAID-funded SUNRISE project. Over 36 000 people living with HIV/AIDS had received care and support services under the programme supported by Global Fund, implemented by the All-Ukrainian Network of People Living with HIV and its regional sub-recipients. In August 2007, the Alliance and the Network signed the grant agreement with the Global Fund to commence the Round 6 programme for up to \$151M over five years – the largest grant for AIDS ever given to any country in Eastern Europe. In 2007, access to ARV therapy was significantly increased. The percentage of adults and children with advanced HIV-infection who received ARV therapy in 2006 coverage was 27%, and in 2007 coverage reached 34%. In late 2007, Ukraine undertook the first-ever comprehensive external evaluation of the National Response to AIDS. Despite progress the HIV infection epidemic in Ukraine remains concentrated among most-at-risk population.

UNAIDS activities at country level during 2007

In the course of 2007, UNAIDS Ukraine achieved the following results:

1. Development and endorsement of the UN Joint Programme of Support on AIDS as well as its presentation to the external stakeholders.
2. Development of a communication strategy on opioid substitution treatment and related senior level advocacy (including communication to Prime Minister).
3. Support to the technical working group for the development of the concept of a new National AIDS Programme 2009 – 2013.
4. Joint UN observation of World AIDS Day including a senior level advocacy visit by the UN Secretary General's Special Envoy on HIV/AIDS for Eastern Europe, Professor L. Kallings for World AIDS Day 2007 including meetings with senior government and parliamentary representatives, organization of public AIDS Awards ceremony and generating extensive national media coverage.
5. Support to the comprehensive external evaluation of the National AIDS Programme started in November 2007.
6. Senior-level advocacy and subsequent development of Presidential decree on HIV/AIDS.
7. Implementation of gender assessment of the national HIV response. The assessment was conducted by an independent consultant from International Center for Research on Women (ICRW) and UNAIDS expert from Geneva.

UNAIDS achievements at country level during 2007

Prevention

At the end of 2007, the programme for substitution maintenance therapy was expanding, with almost 550 opioid-addicted patients currently enrolled. The majority of these patients are living with advanced HIV-infection whose access to substitution therapy aims to enhance their compliance with antiretroviral therapy. The current coverage of substitution therapy is inadequate to influence the transmission of HIV among IDU. With the expected availability of methadone in 2008, the accelerated scale-up substitution therapy is planned to also assist HIV-negative opioid-addicted IDU to prevent the transmission of HIV. In 2007, Ukraine took all required steps to allow the methadone programme to be implemented. Successful joint UN advocacy under the leadership of the UNRC for the importation and implementation of methadone for OST for both HIV prevention and HIV/AIDS treatment compliance among IDU in Ukraine. Finally, the Drugs Control Committee issued a certificate for importation to Ukraine of the medicinal drug methadone, which is expected to stimulate a crucial scaling-up of substitution maintenance therapy in 2008. The efforts of the UNAIDS Secretariat and cosponsors resulted in including the ST in the national state budget for IDUs and the registration of methadone (in tablets) for the first time in Ukraine's history.

Monitoring and evaluation

Support for the comprehensive external evaluation of the National AIDS Programme started in November 2007. The evaluation is considered to be the most extensive and comprehensive ever conducted on a national response to AIDS. To date, 33 external evaluation experts have been involved in the in-country phase of the evaluation, with 10 of the members of the evaluation team meeting in January 2008 to develop the consolidated report on the evaluation. The evaluation was divided among 131 technical issues, grouped into eight broad thematic areas, including:

1. Prevention
2. Diagnostics, Treatment, Care and Support
3. Advocacy, Communications and Information
4. Management, Coordination and Institutional Relations
5. Planning, Finance and Budgeting
6. Procurement, Supply Management, and Human Resources
7. Epidemiology and Surveillance.
8. Monitoring and Evaluation.

The in-country phase of the Comprehensive External Evaluation of the National AIDS Response in Ukraine is completed, and the evaluation is on-track for scheduled completion by the end of May 2008.

The evaluation team visited 11 oblasts (regions) of Ukraine and met with over 200 key informants, including representatives of the governmental, non-governmental and international/bilateral organizations and agencies.

The importance of the evaluation has been highlighted by the Government of Ukraine. According to the statement made by the Deputy Prime-Minister for Humanitarian Affairs at the meeting on HIV/AIDS with the President of Ukraine on December 4, 2007, "the results of the evaluation should serve as the foundation for the development of a new National AIDS Programme." It is the opinion of the external evaluation team that these policies, programmes and approaches merit closer attention and possible scale-up and replication as models of 'best practice', both in Ukraine and potentially, where appropriate, in other countries.

Main challenges / activities for 2008

The Government of Ukraine commenced work on development of a new AIDS Concept and Programme for the period 2009-2013, based on the results and recommendations of the comprehensive external evaluation of the current NAP which was conducted in late 2007. A multisectoral working group was created by the Ministry of Health. These efforts are coordinated by the Committee on the Response to HIV/AIDS and Other Socially Dangerous Diseases at the Ministry of Health.

To scale-up substitution maintenance therapy in 2008. Although the importation of methadone was formally approved by the government in December 2007, the current coverage of substitution therapy is inadequate to influence the transmission of HIV among IDU. With the expected availability of methadone in 2008, it is planned that the accelerated scale-up substitution therapy will assist HIV-negative opioid-addicted IDU to prevent the transmission of HIV, and will also continue to be used to promote compliance with antiretroviral therapy among opioid addicted patients with advanced HIV infection.

The lack of adequate funding to scale-up and sustain HIV/AIDS programmes and activities. While there has been a significant increase in funding for HIV/AIDS in recent years, the overall needs to scale-up prevention, treatment, care and support programmes still exceeds available resources.